## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

IT- 1957

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                       |                                |              |                  |            | SMALL ENTITY TYPE |                        |      | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|---------------------------------------|--------------------------------|--------------|------------------|------------|-------------------|------------------------|------|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 24                                    |                                |              |                  | F          | RATE              | FEE                    |      | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                          |                                | NUMB         | ER EXTRA         | ВА         | SIC FEE           | 375.00                 | OR   | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 24 min                                | us 20=                         | * 4          |                  |            | <b>(</b> \$ 9=    |                        | OR   | X\$18=                     | 72                     |
| INDEPENDENT CLAIMS   |  |   |                                       | nus 3 =                        | * Ø          |                  |            | X42=              |                        | OR   | X84=                       |                        |
| MÜ   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                                |                                |              |                  | +          | 140=              |                        | OR   | +280=                      |                        |
| * If   | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                                |              |                  | T          | OTAL              |                        | OR   | TOTAL                      | 822                    |
| CLAIMS AS AMENDED - PART II  |  |   |                                       |                                |              |                  |            |                   |                        |      | OTHER THAN                 |                        |
| _  |  | (Column 1)                                |                                       | (Column 2) HIGHEST             |              |                  | <u>s</u>   | MALL              | ENTITY                 | OR   | SMALL                      | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUME<br>PREVIC<br>PAID I       | BER<br>OUSLY | PRESENT<br>EXTRA | F          | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **                             |              | =                | _ <u> </u> | <b>(</b> \$ 9=    |                        | OR   | X\$18=                     |                        |
|  | Independent                                    | * NTATION OF MI                           | Minus                                 | ***                            | CLAIM        | =                | >          | K42=              |                        | OR   | X84=                       | :                      |
|  | THOTTHEOL                                      |   | JEIN EE DEI                           | CIADCIAI                       | OLANIVI      |                  | +          | 140=              |                        | OR   | +280=                      |                        |
|  |  |   |                                       |                                |              |                  |            | TOTAL<br>DIT. FEE |                        | OR   | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)                                |                                       | ,                              |              |                  |            |                   |                        |      |                            |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |                                       | HIGH<br>NUMI<br>PREVIC<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | F          | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **                             |              | = 10             | >          | <b>(</b> \$ 9=    |                        | OR   | X\$18=                     |                        |
|  | Independent                                    | *   | Minus                                 | ***                            |              | =                | >          | <42=              |                        | OR   | X84=                       |                        |
| Ļ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA   |   |                                       |                                |              |                  |            | 140=              | 10-1                   |      | +280=                      |                        |
|  |  |   | (***)                                 | ·                              |              |                  | L          | TOTAL             |                        | OR   | TOTAL                      |                        |
|  | · ·  |   |                                       |                                |              |                  | ADE        | OIT. FEE          |                        | OR   | ADDIT. FEE                 |                        |
| _  |  | (Column 1)<br>CLAIMS                      |                                       | (Colur                         |              | (Column 3)       |            |                   |                        |      |                            |                        |
| AMENDMENT C  | 9,00   | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUMI<br>PREVIO<br>PAID         | BER<br>DUSLY | PRESENT<br>EXTRA | F          | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **                             |              | =                | ×          | (\$ 9=            |                        | OR : | X\$18=                     | *                      |
|  | Independent                                    | *   | Minus                                 | ***                            | CL AINA      | =                | >          | (42≐              |                        | OR   | X84=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                |              |                  |            | 140=              |                        | OR   | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."   |  |   |                                       |                                |              |                  |            |                   |                        | OR:  | TOTAL                      |                        |
| ***If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "20."  ***If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |                                |              |                  |            |                   |                        |      |                            | -                      |